



**EXAMPLE of completed "Crime Information" section of application:**

*III. Crime Information:*

Type of Crime:

- assault     homicide     drunk driving     other
- child sexual abuse     sexual assault     terrorizing/threatening

Exact location of crime 483 Harbor Road City/State Augusta, Maine

Date of crime 1/31/01 Date crime discovered 2/1/01 Date crime reported 2/1/01

Name of Police Department Augusta Police Dept. Investigating Officer Robert B. Robin

Name(s) of person(s) who committed crime ) Clyde Z. Doe d/o/b 2/3/1940

Relationship, if any to the victim. Include boyfriend/girlfriend. Father

Who referred you?  Police/Sheriff     District Attorney     Media     Hospital/Dr.

Victim Advocate (advocate's name) \_\_\_\_\_  Other

Briefly describe the type of crime and any injuries which resulted: Victim was assaulted by her father. He broke her teeth. She went to the hospital and an oral surgeon.

**IV. Expenses** - Check box(es) of services you are requesting. We can process your application, and the Board can award payments for medical or mental health expenses **ONLY** if this section is filled out fully. If you or a family member may need mental health counseling in the future but do not require it at present, check the mental health box and write "later" next to the line.

**ALWAYS PROVIDE:** All information requested to identify victims and family members who may need counseling; full names, agency names, office addresses and telephone numbers for all medical, mental health, and funeral service providers. Please note for each name, the type of provider (e.g. dentist, counselor, hospital, X-rays, etc.) \*If more than one person is seeing a counselor, please specify who is seeing what counselor and if one counselor is seeing family members as a family group please so specify. Please specify what family members have health insurance, MaineCare, or other source of partial coverage for their counseling expenses. Use an additional sheet of paper to clarify this information.

**EXAMPLE of completed "Expenses" section of application after check boxes:**

*Complete if applying for counseling benefits for family/ household members of victim*

Name	Address	Date of Birth	Relationship: To Victim	To Claimant
<i>Sheila F. Doe</i>	<i>same as above</i>	<i>1/22/1941</i>	<i>mother</i>	<i>self</i>
<i>Zack P. Doe</i>	<i>19 Smith Lane, Augusta, 04330</i>	<i>4/18/1980</i>	<i>brother</i>	<i>son</i>

**Complete fully:** Medical service providers (hospitals, doctors, mental health counselors)

Name of Provider	Agency/Office Name	Address	Telephone	Type of Service
<i>Northbound Hospital</i>		<i>6 North St., Augusta</i>	<i>626-9999</i>	<i>Hospital ER</i>
<i>Dr. Jack Jackson</i>	<i>Oral Surgery Center</i>	<i>2 West St., Augusta</i>	<i>623-1111</i>	<i>Oral surgeon</i>
<i>Steven Feste</i>	<i>Weston St. Dental Assoc</i>	<i>11 Weston St., Augusta</i>	<i>622-9975</i>	<i>Dentist</i>

**V. LOST INCOME** - Lost income is available **only for** victims and for dependents of homicide victims, **not for** parents of child victims. You must provide name, address & telephone number of

your employer. State the dates for which you missed work due to crime-related injuries. Submit two wage stubs showing gross and net wages for two weeks just prior to injury. If you are self-employed or do not have wage stubs, submit copies of your federal tax returns for the last two years.

We need to document your **work disability**; please provide the name, address, and telephone number of your doctor who can certify that you were unable to work.

If you are requesting **support for dependents of homicide victims**, please provide a copy of any social security award letter, any life insurance information, monthly pension and/or annuity benefits. Please be specific as to the amount(s) the decedent was receiving and what amounts surviving spouse and/or children are receiving. Please provide copies of the deceased's federal tax returns for the last two years if the dependents are listed on them.

**EXAMPLE of completed "Lost Income" section of application:**

*V. Lost Income: Complete if seeking lost wages or loss of financial support.*

Victim's employer Acme Sewing Contact person John Acme Telephone 555-1234

Address 14 Elegant Drive City/State/Zip Bangor, ME 04400

Dates absent from work due to crime related injuries: From 1/1/2002 To 1/13/2002

Name & address of treating physician for disability statement John Doe, MD, Waterville Family Practice, 12 Exit Street, Waterville, ME 04901 872-1212.

Complete ONLY if requesting financial support for dependent(s) of a homicide victim:

Name(s) of dependent(s)	Date of birth	SSN	Relationship to victim
_____	_____	_____	- _____
_____	_____	_____	- _____
_____	_____	_____	- _____

**VI. OTHER SOURCES OF FINANCIAL ASSISTANCE** - If you have any type of insurance, you **MUST** indicate what type. Check the boxes and give the details requested. Check "NONE" if you have no insurance. If you have medical insurance or receive MaineCare (Medicaid or CubCare) or Medicare, it is your responsibility to instruct all providers to bill that source first. Also, if you may qualify for Charity Care at the hospital, ask for and complete an application for Charity Care. For claimants in homicide cases, please provide the amount and beneficiary of any life insurance. Please send in copies of MaineCare (Medicaid or CubCare) eligibility letters and insurance explanation-of-benefit forms; they help us to compute the amounts of awards.

If you have an attorney as a result of the crime, or if you hire an attorney in the future, you must provide the name and address of your attorney.

**VII. OPTIONAL INFORMATION ON VICTIM** - This information is helpful for Federal reporting but is not mandatory.

**INFORMATION RELEASE** **AGREEMENT** and **WARNING** SECTIONS

Please read these sections carefully.

Sign and date the release! Sign and date the agreement/warning! Yes, **sign in two places**. We are unable to process your claim until you have done so.

If you have **any questions** after reading these instructions, please call Victims' Compensation at **1-800-903-7882** or the Victim Witness Advocate assisting the District Attorney with the criminal case. **An incomplete application will delay your claim.**

**Caution - If you move** or obtain a different telephone number, you must call us with your new address or telephone number immediately. **The Post Office will not forward State checks.**

**STOP**

**Please review your application one last time to make sure all parts are filled in or signed and that you have attached required statements and bills.**

We sincerely hope that financial assistance from the Victims' Compensation Program will be able to provide you with some relief and support during this stressful time.

Should you have questions or wonder about the status of your application, please feel free to contact Victims' Compensation at anytime to inquire about your claim.